Stonington Human Services - Youth Program Registration Form

Program(s): _____

Child's Name: _____ Primary Daytime Phone: _____

Grade (*if summer, grade entering in fall*): _____ School: _____

How did you hear about our program? _____

Email Address: _____ *Would you like to receive email notices?* _____

Child Info: Birthday: _____   Gender: _____

Street Address: _____ City: _____ ST: _____ Zip: _____

Home Phone: _____ Child Lives With: _____ Relationship: _____

Parent/Guardian Info:

Name: _____ Cell Phone: _____

Workplace: _____ Work Phone: _____

Name: _____ Cell Phone: _____

Workplace: _____ Work Phone: _____

Emergency Contact (other than parents or doctor): _____ Phone: _____

List all persons, other than parents listed above, authorized to pick up child:

Name	**Address**	**Phone**	**Relationship to Child**

1.) _____

2.) _____

3.) _____

Health Insurance: Yes ____   No ____   Plan: _____

Child's Physician: _____ Phone: _____

Please identify any allergies, medical, behavioral or developmental issues for your child: _____
_____

Does your child require an aide at school?_____

This is to certify that I, do hereby certify that I have read and understand this waiver, hold harmless agreement, and release of liability, and consent and agree to the release set forth above, and for myself, my heirs, assigns, successors, executors, administrators, and legal representatives, agree to defend, indemnify, and hold harmless the Town of Stonington and its agents, servants, or employees, from any and all claims, suits, or demands by anyone arising from said participants in programming including claims of negligence on the part of the Town of Stonington and its agents, servants or employees. *Stonington Human Services reserves the right to take photographs to be used in publications for the Department.*

Signature: _____   **Date:** _____

Forms should be returned, with payment, to: Stonington Human Services, 166 South Broad Street. Pawcatuck, CT 06379, Office Hours: Monday-Friday, 9:00AM-4:30PM. Forms may be placed, with payment, in the lockbox located on the Human Services building, to the left of the entrance. Checks can be made payable to *Stonington Human Services*.

REFUND POLICY:

Refunds for children and adult programs/trips will be granted in full if notification is given to the Department of Human Services **2 weeks** prior to the first day the program starts. Exceptions will be made if there is a waiting list for a program/trip. A full refund or credit will be granted if the Department of Human Services cancels a program.

FOR DEPARTMENT USE ONLY	Amt Rec'd		Date		Initials		Entered in CMT?	